Redeemer Chinese Evangelical Free Church

Office: #109, 3838 Midland Ave., Scarborough, ON M1V 5K5
Worship: 44 Kelvinway Drive, Scarborough M1W 1N6
Tel: (416)332-8585 Fax: (416)332-8586

LIABILITY WAIVER FORM
責任豁免書
For 18 and above 十八歲或以上適用

Event: Summer Camping 2014 at Sibbald Point Provincial Park Date: Aug 22 to Aug 24, 2014
活動 日期

Name of Participant: _____
參加者姓名 （Self/本人）

Address: _____
地址

Phone: (_____)_____ Emergency Contact: _____ No. (_____)_____
電話 緊急聯絡人 電話

Special instructions:_____
特別說明

Precautions are taken for the safety of the said participant, but in the event of accident or sickness, **Redeemer Chinese Evangelical Free Church**, its staff, and its volunteers are hereby released from any liability.

You must be covered by Provincial Health Insurance OR equivalent medical insurance.

Participant : _____ _____ _____
參加者 （SELF/本人*） Signature(簽名 ） Date（日期）

(In case there are discrepancies in the Chinese translation, the English version takes precedence. 以英文版本為準.)

Internal Remarks/References: _____ Created: 7/23/2014

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LIABILITY WAIVER FORM
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(For participant under 18 years of age and without accompanying parent(s)/guardian(s))
(十八歲以下參加者及沒有監護人陪同，必須由家長或監護人填寫及簽署以下部份)

Event: Summer Camping 2014 at Sibbald Point Provincial Park Date: Aug 22 to Aug 24, 2014

Name of Child:_____ Age: _____

Address:_____

Phone: (_____)_____Emergency Contact No: (_____)_____

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs)

Yes_____No ____ If yes, explain: _____

Does your child have any life-threatening allergies?

Yes_____No ____ If yes, explain: _____

Is your child bringing any medication with him/her? (Antibiotics, Ventilator, Ritalin)

Yes_____No ____ If yes, explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?

Yes_____No ____ If yes, explain: _____

Special instructions: _____

Precautions are taken for the safety of your child, but in the event of accident or sickness, **Redeemer Chinese Evangelical Free Church**, its staff, and its volunteers are hereby released from any liability.

Your child must be covered by Provincial Health Insurance OR equivalent medical insurance.

_____ _____ _____

Parent / Guardian's Signature Please print your name Date

Internal Remarks/References: _____Created: 7/23/2014